

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-87S)

SERIAL NO.

10/583570

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
37			1			
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39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/583570**

FILING DATE

APPLICANT(S)

CLAIMS.

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101				1		
102				1		
103				1		
104				1		
105				1		
106				1		
107				1		
108				1		
109				1		
110				1		
111				1		
112				1		
113				1		
114				1		
115				1		
116				1		
117				1		
118				1		
119				1		
120				1		
121				1		
122				1		
123				1		
124				1		
125				1		
126				1		
127				1		
128				1		
129				1		
130				1		
131				1		
132				1		
133				1		
134				1		
135				1		
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148						
149						
150						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	130	←	←	←
TOTAL CLAIMS		[REDACTED]	135	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
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197						
198						
199						
200						
TOTAL IND.			↓			↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS		[REDACTED]	135	[REDACTED]		[REDACTED]